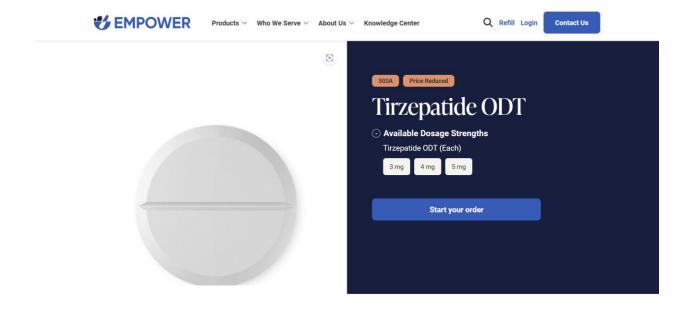
EXHIBIT B



Product Overview

About Tirzepatide ODT



Tirzepatide Oral Disintegrating Tablet (ODT) is a dual glucagon-like peptide-1 (GLP-1) receptor agonist and glucose-dependent insulinotropic polypeptide (GIP) receptor agonist that may assist with weight management.

Mechanisms of Action



Tirzepatide may mimic the activity of glucagon-like peptide-1 and glucose-dependent insulinotropic polypeptide, hormones that play a role in blood sugar regulation. It may help enhance insulin synthesis and secretion from pancreatic beta cells in response to elevated blood glucose levels, which may result in improved glycemic control during the postprandial phase.

Through its dual receptor activity, tirzepatide may have differential effects on glucagon secretion from alpha cells, where it may decrease glucagon through GLP-1 activity while potentially increasing $it\ through\ GIP\ signaling.\ Tirze patide\ may\ also\ slow\ gastric\ emptying, reduce\ GI\ motility,\ and\ promote$ beta-cell proliferation and glucose sensing, all which may contribute to a decreased appetite through enhanced satiety signaling in the brain. This glucose-dependent action may potentially support the body's natural metabolic process and aid in blood glucose management.

In adipose tissue, tirzepatide may influence fat metabolism by potentially enhancing lipolysis and fatty acid synthesis through GIP signaling, while possibly exhibiting anti-lipogenic effects through its GLP-1 activity.[1]

Contraindications & Precautions



Tirzepatide has a black box warning for the potential risk of thyroid C-cell tumors. This medication is contraindicated for individuals with personal or family history of medullary thyroid carcinoma (MTC) or in patients with multiple endocrine neoplasia syndrome type 2 (MEN 2).

Tirzepatide is contraindicated in patients with a known hypersensitivity to the drug or any of its components. The drug is also contraindicated in individuals with a previous history of angioedema or anaphylaxis to tirzepatide or any other GLP-1 receptor agonist class medications.

Caution is advised for individuals with gallbladder disease and diabetic retinopathy. [2] NOTE: This list may not include all possible contraindications and precautions.

Tirzepatide is not suitable for individuals with type 1 diabetes.

Interactions



GLP-1 Agonists

Concurrent use of tirzepatide with other GLP-1 receptor agonists, such as semaglutide or liraglutide is contraindicated.

Gastric Emptying

Due to potential effects on gastric motility, tirzepatide may impact the effects of concurrent oral medications, particularly in patients with pre-existing gastroparesis. Special consideration is advised when prescribing tirzepatide with medications that have a narrow therapeutic index or require specific threshold concentrations for their effects.

Oral Contraceptives

Tirzepatide may slow gastric emptying, which may potentially affect the absorption of oral contraceptives. Individuals using oral contraceptives may need to consider alternatives or additional barrier contraceptive methods for approximately 4 weeks following tirzepatide initiation and subsequent dose increases.

Insulin and Secretagogues

When tirzepatide is used alongside other blood-sugar-lowering medications, such as insulin or sulfonylureas, there may be an increased risk of hypoglycemia. $^{[2]}$

NOTE: This is not a comprehensive list of medications that may interact with tirzepatide. For a complete understanding of potential interactions, please consult a healthcare professional or specialized resource.

Adverse Reactions / Side Effects



Hypoglycemi

Individuals taking semaglutide alongside other diabetes medications like insulin or sulfonylureas may have an increased risk of hypoglycemia. $\label{eq:likelihood}$

Gastrointestinal Side Effects

GI side effects such as vomiting, diarrhea, and nausea may occur, particularly during the early stages of treatment or following dose adjustments. Constipation may also occur. $^{[Z]}$

Pancreatitis

GLP-1 receptor agonists have been associated with acute pancreatitis, potentially due to their stimulation of pancreatic GLP-1 receptors. $[Z][\underline{S}]$

Diabetic Retinopathy

The potential for rapid glycemic control with tirzepatide may potentially exacerbate pre-existing diabetic retinopathy, necessitating close ophthalmologic monitoring $^{[2]}$

Hepatobiliary Effects

Hepatobiliary complications such as cholelithiasis and cholecystitis may occur, potentially related to rapid weight loss. $^{[2]}$

NOTE: This list may not include all possible adverse reactions or side effects.

Page 4 of 7 PageID:

Pregnancy & Breastfeeding



Pregnancy

Tirzepatide is not recommended during pregnancy. Currently, no human studies evaluate tirzepatide use during pregnancy. Animal studies have shown birth defects, though the causation between these defects and tirzepatide remain unclear.

There is currently no data regarding tirzepatide's effects on fertility, miscarriage rates, preterm delivery, fetal weight, or childhood developmental outcomes. In animal studies, decreased offspring weight was observed following tirzepatide exposure during pregnancy. Women should discuss diabetes management alternatives with their healthcare provider when planning pregnancy or upon becoming pregnant. Alternative glucose-lowering medications should be considered. For weight management purposes, tirzepatide should be avoided, as intentional weight loss offers no potential benefit during pregnancy and may result in fetal harm.

Breastfeeding

The excretion of tirzepatide in human breast milk has not been studied. Healthcare providers must evaluate individual risk vs. benefit when considering tirzepatide use during lactation, particularly in mothers of newborns or preterm infants, as clinical data remains unavailable. $^{[4][5]}$

Storage



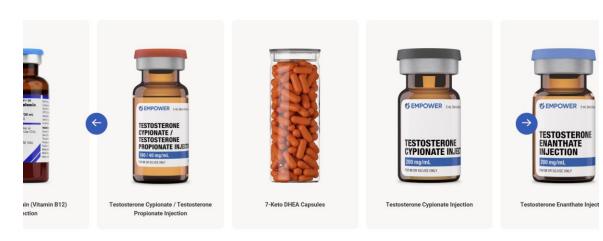
Store this medication at 68°F to 77°F (20°C to 25°C) and away from heat, moisture and light. Keep all medicine out of the reach of children. Throw away any unused medicine after the beyond use date. Do not flush unused medications or pour down a sink or drain.

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